County Policy & Procedures for BHQIP Submission

This attestation form should be completed and approved by a Behavioral Health Director (or Alcohol and Drug Administrator, as appropriate) if your county adopts the following Policies and Procedures (P&P) developed by the California Mental Health Services Authority (CalMHSA) to meet the California Advancing and Innovating Medi-Cal (CalAIM) Behavioral Health Quality Improvement Program (BHQIP) Milestone 2e requirements. These P&Ps are posted on CalMHSA's website <u>California Mental Health Services Authority | Policies and</u> <u>Procedures (calmhsa.org)</u>.

Counties that elect to alter the P&Ps developed by CalMHSA should not complete this attestation and should instead submit their county-specific P&Ps directly to the Department of Health Care Services (DHCS) as part of the BHQIP process.

I, <u>printed name</u>, as the Behavioral Health Director (or Alcohol and Drug Administrator) of <u>enter</u> <u>county name</u> \Box MHP/SMHS \Box DMC-ODS \Box DMC State Plan (check all that apply), hereby attest to the following for the BHQIP policies and procedures review process:

22-011 No Wrong Door for Mental Health Services Policy

- The CalMHSA Policies and Procedures have been adopted and have not been altered in any way.
- Training/guidance on all Policies & Procedures developed by CalMHSA will be provided to all applicable county stakeholders, including contracted providers.

Name (printed): <u>Click or tap here to enter text.</u>

Signature: _____

Signature of Behavioral Health Director/Alcohol and Drug Administrator

Date: Click or tap to enter a date.

Please submit this attestation to: <u>BHQIP@dhcs.ca.gov</u>